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ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
7281			

CERTIFICATE OF DEATH

07253

					Keg, Dist. N	0.		
1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE		ed lived. If institution b. COUNTY-	on: Residence bel	ore admission)		
Talbot		Maryl			Calbot			
b. CITY OR TOWN (If outside corporate limits, write c. LENC RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp	orote limits, write R	URAL and give n	earest town)		
	ife	X East	on			*		
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION P. P. D.		d. STREET ADI	DRESS			e. IS RESIDENCE ON A FARM? YES NO X		
3. NAME OF First	Middle	Lost	4. DATE	Man	46.			
(Type or print) Preston Wash	ington F	rcoks	OF DEATH	Mon	m L	1 19 58		
5. SEX 6. COLOR OR RACE 7. MARRIED 1	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	Months Days	Hours Min.		
Male Col WIDOWED	DIVORCED [5/55/0	6	52 yrs.	Monns Days	Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY		
	estic	Mar	vland		U.	S.A.		
13. FATHER'S NAME		14. MOTHER'S N						
George W. Brooks			R. Brook	S				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	SECURITY NO. 17. II	NFORMANT		Add	ess			
XXX XXXX XXXX	cxx C	George W	. Brook	s Eas	ton, Md.			
18. CAUSE OF DEATH [Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(b) and (c).]	y Deile	uin.		IN	TERVAL BETWEEN NET AND DEATH		
492X DUE TO		, /				,		
Conditions, if ony, which) (b) Angle	im anita				1	welka		
gove rise to immediate	000000000000000000000000000000000000000							
lying course lost								
, (c)	ITING TO DEATH BUT	NOT RELATED TO T	HETERMINAL DISEA	SE CONDITION GIV	EN IN PART I(a)	19 WAS AUTOPSY		
3 none	JIII JOLAIN JO.	NOT KEENIED TO	TE TERMINANE DIGEN	SE CONDITION ON	LIVITARI I(O)	PERFORMED?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI								
Mour o. m. While No	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while at work of wor							
21. I certify that I ottended the deceased from	· J-18	10.58	10 6-	10.73	That I last	aw the decease		
31			1000	4		saw the deceased		
ofive on 197	, and that death	occurred at Z		im the causes of Street, city or town,		ate stated above		
SIGNATURE WILLIAM L. WIN	Illes	M.D. 210 E	POVER	LASTO	NMA	6/3/8		
PHYSICIAN'S WILLIAM L. W	INTERS			****				
	AME OF CEMETERY O	R CREMATORY	22d. LOC/	ATION (City, town,	or county)	(Stole)		
Burial 6/4/58 Wi	aliamsbu	rg Cem	E	aston Rt	. 4.	Md		
23. FUNERAL DIRECTOR'S SIGNATURE AD	DRESS		Aa. REC'D BY REGIS	TRAR 246 REGIS	TRAR'S SIGNAT	ARE		
James B. Dashiell. Easto	on Md.		DATE JUN 5	'58 (le	Leave			
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1	1236 CERTIFIC	Reg. Dist. No.
/	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
1	Talbot MARYLAND	Maryland Talbot
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWM (If outside carporate limits, write RURAL and give nearest town)
1	Easton. 11hrs	40 Easton
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS 41.7 S. Han Sun STreet on A FAR YES YES YES ON A FAR
İ	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Yeor OF DEATH J. 10
	(Type or print) Maygaret 5. SEX 6. COLOR OR RACK 7. Maggieri TR NEVER Maggieri T	Caup. June -1
-	5. SEX 6. COLOR OR RACK 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH August 15,190.3 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Months Days Hours 1 4. 4 yrs.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher Teacher	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT CO
I	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Pritchard	Elizabeth Davis
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service)	Ma albert 1. Coulk hund
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWE
1	PART I. DEATH WAS CAUSED BY:	ONSET AND DE
1	153.3 DUE TO	
	Conditions if any which)	5-00-00-1 5-4
ı	gove rise to immediate couse (a), stating the under-	July 10 mg
ł	lying couse last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT PERFORME YES \(\sum_ \) NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I or Port II of item 18.)
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Not while of work of work	factory, street, affice bldg., etc.)
	21. I certify that I ottended the deceased from \$ /20	, 1958, to 6/2/ , 195 (That I last saw the dec
1		oth occurred at 7130PM, from the couses and on the date stated
1	onve on other than dec	ADDRESS (Street, gity or town, state) DATE
	ACTUAL / S	FASTON MING
	SIGNATURE	_M.D
	PHYSICIAN'S P Z (VX	
I	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	Lection Jame 24, 108 Moont P	eace Cometer Philadelphia, la
ı	23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Marino Chlewren 4 Loy, Caston	MA DATE O / - /

executed within 24 hours after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death. Page 4 may be retained by the hospital are signed by the attending physician and campletely filled in by the funeral director.

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	CHARLE	
M. Service In Indian		en sumer to the second of the

		MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18
		7257 CERTIFICAT	30 6-30-58 et 07255
1	1		Keg. Dist. No.
)		o. COUNTY TAI bot MARYLAND	o. STATE MARY PAY b. COUNTY TA POT
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		EASTON 20 du.	X Epston (RURAI)
0		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Memorial Hospital	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECASED (Type or print)	PRER JATE Month Day Year DEATH JUNE 5 1958
	5. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8.4	DATE OF BIRTH 9. AGE Univers IF UNDER 1 YEAR IF UNDER 24 HRS. lost biginday Months Days Haurs Min
		N CO. WIDOWED DIVORCED 1/	Mon. 1, 1893 lost biphday) Months Days Hours Min.
1	10a	Od. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Louis Copper	MARTHA Copper
	15. (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFO You, no. of unknown (II) year, give wor or dayle of services (III) year, give wor or dayle of services (III) year, give wor or dayle of services (III)	M Harred M Bowman Employe
		18. CAUSE OF DEATH [Enter only one cause per line (py (o), (b), and (c).]	INTERVAL BETWEEN ONS LAND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HECOIT TOILU:	y d
		Conditions, if ony, which) (b) Cosciliac del	hoters & homerteenhal
		gove rise to immediate	The state of the s
		lying couse lost.	
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Part II of item 18.)
	MEDICAL	C 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 Ot work Ot work Ot work	E OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) y, street, affice bldg., etc.)
		21. I certify that I attended the deceased from/	, 19, to, 19,that I last saw the deceased
		alive an, 19, and that death ac	ccurred at 11 3M, from the causes and an the date stated above.
1		ACTUAL SIGNATURE M.D	Abdress (Street, city or town, state) DATE SIGNED DATE SIGNED
		PHYSICIAN'S E.C.H. Schmidt	Eastory 16, Maryland
	220	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CI	REMATORY 22d. LOCATION (City, tawn, or county) (State)
	23/	SFUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
	1	Jame 12 or well Gaston, me	DATE DATE

MARYLAND STATE DEPARTMENT OF HEALTH-EALTMONE I

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

07256

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CERTIFICATE OF DEATH

1. PL						t, No.
	county Talbot	MARYLAND	2. USUAL RESIDENCE (WI		f institution: Residence COUNTY Talk	e before odmission)
-	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of	outside corporate limit	s, write RURAL ond gi	ive nearest town)
_	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	1	d. STREET ADDRESS	uth		e. IS RESIDENCE ON A FARM? YES NO
D	AME OF ECEASED Speed or print) Elizabeth B.	Middle Dicke:	rson	4. DATE OF DEATH	Month 6	Doy Yeor 14 1958
5. SE	remale 6. COLOR OR RACE 7. MARS		8. DATE OF BIRTH 3/9/00	9. AGE lost b		YEAR IF UNDER 24 HRS. Days Hours Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer ATHER'S NAME	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Marylar 14. MOTHER'S MAIDEN 1	d		ZEN OF WHAT COUNTR' J.S.A.
	Charles Holmes		Emma Ada			
	VAS DECEASED EVER IN U. S. ARMED FORCES? 16.		nformant Charles Ho	lmes	Easton, N	ſd
ICATION	Conditions, if ony, which gave rise to immediate cause (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS (Contributing to DEATH BUT	une dice	Ches on the condition of the condition o		Rotklere 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CER	20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of ite	m 18.)	
MEDICAL	Hour o. m. While	NJURY OCCURRED 20e. PL Not while k ot work	ACE OF INJURY (Home, form ctory, street, office bldg., etc	a. 20f. (City or town)	(Co	ounty) (State)
	21. I certify that I attended the deceas					ast saw the decease e date stated abov

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,

CERTIFICATE OF DEATH

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D. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) B. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write and give nearest town) C. CITY OR TOWN (If outside corporate limits, write and give nearest town) C. DATE C. COLOR (If you point) C. COLOR (If you point) C. COLOR (If you point) C. COL	
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d. STREET ADDRESS A. STREET ADDRESS C. STREET ADDRESS C. STREET ADDRESS	
MAME OF DECEASED IN THE PROPERTY OF THE PART I. DETERMINAL DISEASE CONDITION GIVEN IN PART I. O DESCRIBE HOW INJURY OCCURRED. If EINST Month, Day, Year Ingering of working load. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. O DESCRIBE HOW INJURY OCCURRED. If EINST PART II of Item 18.) NAME OF DEATH	DENCE
DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years inst brindly)? Months Days Hours	
SUBJULT DIVORCED	eor
Table Tabl	R 24 HRS Min.
FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. DOBSON, ST'e 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per line for [0], (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate course (a), stoling the underlying course lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AU PERFORM YES I CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED 20c. TIME OF INJURY Medical Examiner 20d. INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) factory, street, affice bidg., etc.) 20f. (City or town) (County) 20f. (County	COUNT
WAS DECEASEDEVER IN U. S. ARMED FORCES? WAS DECEASEDEVER IN U. S. ARMED FORCES? III. CAUSE OF DEATH [Enter only one couse per line for (a). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o), stoling the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Mouth of work of	
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PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o), stoting the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AU PERFORM YES TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur o. m. p. m. 19 White Not white of work of w	
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. 19 While of work	UTOBCY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. 19 While of work	MED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. 19 While of work	NO [
21. I certify that I oftended the deceased from 6 / 8 1, 195 1 to 6 / 9 1, 195 that I last sow the deceased from 6 / 8 1 195	
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1/0/	
Taliva on 1997 / / 10 1 A and that death are said to 1 / / / / / / / / / / / / / / / / / /	docas
olive on	
	d abo
ACTUAL SIGNATURE SIGNATURE M.D. 1-05/14, Flavylauf 6/	d abo
PHYSICIAN'S PE_COY	
a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	d abo
REMOVAL (Specify) 6-13-58 New Chapel Easton, Maryland	d abo
FUNERAL DIRECTOR'S SUPNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	d abo
	d abo

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR RESEARCH THIS certificate has been signed by the attending physician and campletely filled in by the page 3 should be actorbed for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 for the registrar priar to burial, cremation, or remaval, and in any event within 72 happer after death. VS A15 (4) 1SM 9/S5

And the last the same of the state of

ADDRESS

DATE

246 REGISTRAR'S SIGNATURE

FUNERAL DIR 0

REMOVAL (Specify)

23 EUNERAL DIRECTOR'S SIGNATURE

Market Annual Company and Approximate Approximation of the Company of the Approximation of the Company of the C

7261	ATE OF DEATH	07259 Reg. Dist. No.
	2. USUAL RESIDENCE (Where deceased lived.	

		COT	48 (7)11			•		Reg. Dist. No.	•
1. PLACE OF DEATH o. COUNTY Ta	lbot		MARYLAN		USUAL RESIDENCE (WI	here deceased	l lived. If institution b. COUNTY	Residence befor	re odmission)
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	b 4	c. CITY OR TOWN (IF				arest fawn)
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, §		oddress) agton St.		d. STREET ADDRESS		gton St		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fii Ann		Matilda		Golt	4. DATE OF DEATH	Month June		Year 1958
S. SEX Female	6. COLOR OR RACE	7. MARR	DIVORCED		unknown		1 1 1 1 1 1 1 1	Months Days	IF UNDER 24 HRS. Hours Min.
House-	arking life, even if retired	done 10b.	KIND OF BUSINESS OR IN HOUS EWORK		Maryla	nd	ountry)	12. CITIZEN O	F WHAT COUNTRY?
18. FATHER'S NAME				14	MOTHER'S MAIDEN				
	n W. Beckw				Susan	Caulk			
(Yes, no. or unknown)	VER IN U. S. ARMED FOR	CES7 16. ervice)		7. INFO	Hilda P	rice,	Easton,		land
CATIC	immediate DUE TO) :} :DITIONS <u>(</u>	ONTRIBUTING TO DEATH			INAL DISEASI		N IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in	Part I or Port	II of item 16.)		
20c. TIME OF INJ	1. 10	or 20d. It While of work	Not while		OF INJURY (Hame, farn street, affice bldg., etc		ar tawn)	(County)	(State)
21. 1 certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	decease, 19	ed fram	ath ac	, 193 /, ta curred at / 12 /	M, from		d an the da	aw the deceased te stated abave DATE SIGNED
220. BURIAL, CREMA REMOVAL (Speci BURIA	1 6/14/5	8 8	22c. NAME OF CEMETER Spring H	Y OR CR	Cemetery	Eas		ryland	(State)
23. FUNERAL DIRECTO	ST SIGNATURE	ure	Easton	, M		D BY REGIST	RAS 246 REGIST	RAR'S SIGNATU	RE

uneral director. moy be retained by the hospital or ottending physicion.

TO FUNERAL DIRF

R: After this certificate has been signed by the attending physician and completely fitled in by the page 3 shauld be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A1\$ (4) 15M 9/\$5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7262 CERTIFICATE OF DEATH

Reg. Dist. No. () 7261)

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)						
1	o. COUNTY Talbot. MARYLAN	o STATE Meruland b. COUNTY Caraline						
T	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If/outside corporate limits, write RURAL and give nearest town)						
	Easton. Bodays.	Green shore 05x2						
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	Memorial	YES NO D						
Ī	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
	(Type or print) Wilbert N	Griffin DEATH June 25 1958						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.						
1	M WIDOWED DIVORCED	March 29/877 8/ yrs. 10018						
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
1	atried In	Maryland USA						
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Luther Griffin	Mary Spence						
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEGURITY/NO. 11.	7. INFORMANT Address						
	Ine gut lester	Mrs May Brillian Briensboro me						
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	dial Infaretion Burke						
1	420. DUE TO							
	Conditions, if any, which) arterior elevative Corners of sease							
	gave rise to immediate couse (a), stoting the under-							
1	lying couse lost. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	3 260x Deabets in	elletus YES NO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II af item 18.)						
		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)						
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. P. m. 19 of work of work	factory, street, office bldg., etc.)						
	21. I certify that I attended the deceased from.	, 19, to						
		oth occurred at 3130PM, from the causes and an the date stated above.						
	dive on , and man de	ADDRESS (Street, city of town, stote) DATE SIGNED						
1	ACTUAL SIGNATURE SIGNATURE	" Tustan Anniland 6h2						
1	n = 1	m.b						
	PHYSICIAN'S S S CONTROL OF STATE OF STA							
f	220-BURIAL, CREMATION, 22b. DATE THEREOF 22c. HAME OF CEMETER	Y OR CREMATORY 22d LOCATION (City, tawn, or county) (State)						
	Turial 6/28/58 Treeves	loro Freensloes, Md.						
	23 FUNERAL DIRPCTOR'S SIGNATURE, ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	JE. Wouldes X/reenstoro	Md. DANN 30 '58 Plane Could						

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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of director, filed with ero carbon paper P burial-transit

certificate

PLACE OF DEATH

TO FUNERAL DIRE 3

o. COUNTY M b. CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside adrporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO 1 MO NAME OF First 4 Middle Lost DATE Month Day DECEASED OF DEATH (Type or print) 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Min. WIDOWED | DIVORCED | yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during-most of working life, even if retired) PA. RAILROAD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANCES JOHNSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INEORMANT Address (It yes, give war or dates at service NONE NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m Not while of work of work 195% to 21. I certify that I attended the deceased from. alive on__ and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town) state) ACTUAL PHYSICIAN'S NAME (Type) A1717150N 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) FEDERAL HILL CEMETERY FEDERALSBURG MARY LAND JUNE 22 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAP'S SIGNATURE VS A15 (4) 25 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, IS

CERTIFICATE OF DEATH

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1603		Reg.	Dist. No.
1, PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	dence before admission)
1 at bot.			un ann.
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL or	nd give nearest town)
Easton.	17/4/25	Queca ann mel.	X-2
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	it oddress)	d. STREET ADDRESS	. IS RESIDENCE
Memorial Hos	pital	not listed	YES NO
NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE Month OF DEATH	- B 195
SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED		DER 1 YEAR IF UNDER 24 HR
Commenter O. Co. WIDON	WED DIVORCED	lost birthday) Month	s Days Haurs Min.
Da USUAL OCCUPATION (Give kind of work done 100	. KIND OF BUSINESS OR INC	Total Later	CITIZEN OF WHAT COUNT
during most of working life, even if retired)	1 h . /	V 3	7,110
B. PATHER'S NAME	mentun	14. MOTHER'S MAIDEN NAME	430
. PATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Broad May		LucyWilson	
WAS DECEASED EVER IN U. S. ARMED FORCES? (1)	6. SOCIAL SECURITY NO. 17.	INFORMANT Address	11
Weneval unknown	tenkneron K	atherine Cummengs/dought	al Same
18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c),]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Contin	Pultania:	ONSET AND DEATH
337 X IMMEDIATE CAUSE (o)	1 0 Milant 3	of / Every	- A
DUE TO	1 1 . 6 0	+4 1	2 1/4
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gove rise to immediate couse (a), stating the under-			
lying couse lost. (c)			
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OR CONTRIBUTING CAUSE OF DEATH			
		N. C. C. B. B. B. C.	
Hour o. m. While		PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State
p. m. 19 of w	ork ot work		
21. I certify that I attended the deced	ised from	, 19, ta, 19,that	I last saw the decea
alive an	1 Puthol	th accurred at 3:25AM, from the causes and ar ADDRESS (Street, city or town, state)	ine date stated and
ACTUAL /// TAILS	1 lenner	C	1-1
SIGNATURE CONTRACTOR	DOUVION	M.D. JASALA 1705 putil , So	Memore S
PHYSICIAN'S RUBER	TD.S.	o Long N.	6-16-
20. BURTAL, CREMATION, 22b. DATE THEREOF,	22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) 12/11/5	& Wheat	Lield Con Po + : 10	10 - 2
FONERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S	SIGNATURE
TOTAL DIRECTOR'S STONATURE	ADDRESS .	240. REC'D BY REGISTRAR 246 REGISTRAR'S	ALL
h 10 Klashel	1 an	DATE	

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.

TO FUNEAL DIREA.

The registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

			Reg. Dist. No.
PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where do	b. COUNTY	ni Residence befare admission)
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	carporote limits, write RU	RAL and give nearest town)
RURAL and give nearest tawn) East Ton- May 11-	X Straighe	. /	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
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NAME OF DECEASED (Type or print) M. L. Paracl Middle	lost 4.0	ATE Month	Day Yeor 15 - 19 5 78
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		Months Days Hours Min.
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 USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 	USTRY IV. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
Moterman Gerson	maryta	el.	MEA.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	5/220	
Noah Jours	homasin	e straid	way
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19. no. or unknown) (19. yea, give wor or dates of service) 220-12-2161	us alice Led	nun, St	michaels med
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	0.001		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) /// // CUT	wew onfa	relin	2 coule
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	ED. (Enter nature af injury in Part I	ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. p. m. 19 While at wark at wark	LACE OF INJURY (Home, farm, 201 actory, street, affice bldg., etc.)	f. (City or tawn)	(Caunty) (State)
21. I certify that attended the deceased from	, 19, to		that I last saw the deceased
			nd on the dote stated above
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ESS (Street, city or town, s	
SIGNATURE COULL & Johnson	M.D.	ai KoShi	W Galtining 5
PHYSICIAN'S NAME (Typo)			
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (Brundle) 6/18/58 Uliver Co.	or crematory 22d.	CATION (City, town, or f. Mickel	Paunty) (State) Md
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY I	REGISTRAR 246. (EGIST	RAP'S SIGNATURE
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24b. REGISTRAR'S SIGNATURE

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

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	And planting to			
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
MEDIC	AL EV	A MAINIEDIC C	EDTIFIC ATE	OF DEATH	

7267 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH Reg. Dist. No. 265
1. PLACE OF DEATH o. COUNTY A BOT MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY f j j j j j j j j j j j j
b. CITY OR TOWN If outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 and give necrest town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Easton Memorial Hospital	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Shelly	CLLY 4. DATE Month Doy Yeor OF DEATH 6 15 1958
Female Col WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (in years let UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY WSA
LICROY KElly JR.	GLOSIS HILL
(Yos, no, or unkgown) Ilf yes, give wor or dates of service)	3/2 dis Hill EASton, md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nelso pamenonia interval Between ONSET AND DEATH
Conditions, if ony, which (b) lhily men	ingitis
(o), stating the underlying couse lost. (c) operation	
340.3	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH.	Enter noture of injury in Port t or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year Plant Occurred Not while of work of work of work	ACE OF INJURY (Home, form. 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described about opinion death resulted fram: Natural causes . Accident	
ACTUAL Lam Muely	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER BY
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Cem Trappe md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR / 246. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	7269	CEKTIFIC	CATE OF DEATH Reg. Dist. No.	
	LACE OF DEATH		USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss a. STATE b. COUNTY	sion)
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ь	 CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn	n)
	Easton	7/12 15 mg	- Centreville 17x-2	
C	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	eet address)	d. STREET ADDRESS e. IS RES	SIDENCE FARM?
	Memmeral	Hospital.	Pr. 42 Buy 124 YES	NO 🗌
	NAME OF First DECEASED Type or print)	Watsou	OF C	Yeor 19 5
5. 5	EX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED		
L	Emale. Culi WIDO	OWED DIVORCED	Sept 21883 74 yrs. Months Days Hours	Min.
00.	USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	06. KIND OF BUSINESS OR IN	DUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	COUNTR
	House wite	Home.	mel. Usa.	
3. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	100
	Newrose hotson		Mattie Housing	
S. Y	WAS DECEASEDEVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 12	. INFORMANT Address	1
	16	nmal	General Pirbu same - lus	hand
T	18. CAUSE OF DEATH [Enter only one couse per	r line for (a), (b), and (c).]	INTERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	14.	there eles tic beaut ONSET AND	DEATH
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	lying couse lost.			
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ا ⊵				NO
RTIF	20g. ACCIDENT WAS UNDERLYING A 20b. D	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Port I or Port II of item 18.)	
Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	· · · · · · · · · · · · · · · · · · ·		PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty)	(State)
MEDI	Haur o. m. What var	work ot wark	factory, street, office bldg., etc.)	
	21. I certify that I attended the dece	2.66	4 10 58 to 25 hour 10 58 short last sour the	1
	a = hue	ased Hom	17.29, 10, 17.28, mar i last saw the	
	alive on 19	2_22_, and that dec	oth occurred at 4/254M, from the causes and on the date state	
	ACTUAL // her	Slaurian	ADDRESS (Street, city or toyn, stote)	ATE SIGN
	SIGNATURE / Mills / Mills	4405.00	M.D. Call the plung talls of	full
	PHYSICIAN'S THURSTON	HARRISON		
المسا	BURIAL CREMATION, 226. DATE THEREOF	22- NAME OF CEMETERS	OR CREMATORY / 22d. LOCATION (City, town, or county) (State	(e)
220.	Succession 6/28/59	(1)	ulle Cemeter Burnello. m.	
4	REMOVAL (Specify)	(1)	Ville Cemetery Bunsville, Md.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the function, page 3 should be reflected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 4 be filed with the registrar prior is burial, cremation, or removal, and in any event within 72 hours after death.

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o. COUNTY

O HOSPITAL OR VS A15 (4)

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) d. NAME OF HOSPITAL (If not in hospital, give street address) 80 NAME OF DECEASED (Type or print) 5. SEX 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BITTHPLACE (Stote or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 023X Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 19 05 21. I certify that Lattended the deceased fram. that I last saw the deceased alive on and that death accurred at Mississipply, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL Alle Her Kan Cand PHYSICIAN'S 1117510N ARRISON NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) JUNE 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24d. REC'D BY REGISTRAR alstring DATE JUN 2 0 '58

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CERTIFICATE OF DEATH

1	1661	3 3.00.00		Reg. Dist, N	lo.
	V. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where dece	aged lived. If institution, Residence be	fore admission)
	Talbot	MARYLAND	Marylano	b. COUNTY	bot
	b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN off outside co	erporate limits, write RURAL and give	nearest town)
	Easton	2 hrs 30mm	40 8051	lon	
ï	d. NAME OF HOSPITAL (If no) in hospital) give street odd OR INSTITUTION	dress Haspital	d. STREET ADDRESS	Isboro	o. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Aiddle	Lost 4. DAT OF OF DEA		Day Year
	5. SEX 6. COLOR OF RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years IF UNDER I YE	AR IF UNDER 24 HRS.
	male whits WIDOWED	DIVORCED	Ort 24 1886	hast birthday) Months Doy	s Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIT during most of working life, even if retired)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	n country) 12. CITIZEN	OF WHAT COUNTRY?
	none_		maresta	nd (1.S. H
)	13. FATHER'S NAME	11/24)	14. MOTHER'S MAIDEN NAME	shath face	
		OCIAL SECURITY NO. 17. II	NFORMANT O	Address /	/
	(Yes, no. of unknown) (If yes, gife for or dates of service)	whyman 9	Jess mary Sta	idealte 2005	tredston M
	18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]	0 0 10 1	Easle	NSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myound	lial denta	clim	3 hours
	4-20.1 DUE TO	+ 0 0 -	- 0	0 0	
	Conditions, if ony, which (b) (b)	enischera	he Carolivou	senter divien	
	gave rise to immediate cause (a), stating the under-	0, 1	000	12 .	
	lying cause lost. (c)	I some to	upl blockers	o octions	
)	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(6)	PERFORMED?
	OR CONTRIBUTING -CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or	Port II of item 18.)	
		URY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (Coun	ly) (State)
	A Hour o. m. While		tory, street, office bldg-, etc.)	(600)	(0,0,0)
		163 1/ 51	7 . 1957 to 6/1	1057 11 11 1	4 1
	21. I certify that I attended the deceased			1920_,that I last	
	alive on 6 / 19	, ond mar debin		ram the couses and on the c \$ (Street, city or town, state)	DATE SIGNED
	SIGNATURE 1. 1. La Con	der	M.D. 12 NI	HANSON ST	6/7/5
1	PHYSICIAN'S 1/T (C) 1	ER	EMS	JON, MAR	ILANd,
	270. BURIAL, CREMATION, 27b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 27d. LC	CATION (City, town, or county)	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS V	240 BECID BY BE	CISTRARS 246. RECISTANT SEIGHA	400
	Nor MAN ///AR	256011	24a. REC'D BY REY	Signature Copper My Service	
		. 0 /12 ~ / (DAIL		

VS A15 (4) 15M 9/55

MARYTAND STATE DEPARTMENT OF PEALTH-DALTMONE, IS

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page
may be retained by the hospital ar attending physician. TO FUNERAL DIRECT R: After this certificate has been signed by the attending physician and campletely filled in by the superal director.
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 starts with
the registrat prior to corrido, cremation, or removal, and in one event within 72 foots directions

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7272 CERTIFICATE OF DEATH

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			Ka8.	DIN, 140.
1. PLACE OF DEATH o. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased lived. If institutions Resi Ld b. COUNTY Ta	idence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Easton 12 yrs		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leston		
d. NAME OF HOSPITAL (If not in hospital, give street or institution E. Dover St	d. STREET ADDRESS E. DOVer St.		IS RESIDENCE ON A FARM? YES NO	
3. NAME OF First DECEASED (Type or print) Edward	Middle Bailey	lost Minster	4. DATE Month Of DEATH June 26	Doy Yeor 19 58
3.5 a 3 a seela d de a	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH June 30, 19	9. AGE (In years lost, birthday) 48 yrs.	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU Hotel	Penna.	or foreign country) 12.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Joseph Minster		Edith Mo		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? I/os. no. or unknown} If yet, give wor or dates of service) no	6. SOCIAL SECURITY NO. 17. 1 185 09 5923	Mrs. Ann K.	Minster, Eas	ston, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost. Part II. OTHER SIGNIFICANT CONDITION	0'	ABURLAR TO THE TERMIN	nal disease condition given in	PART I(o) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	YES NO
Hour o.m. Whi	f.	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from Man , 19 38, to He feet , 19 93, that I last saw the deceased alive an 26 feet , 19 93 , and that death occurred at M, from the causes and an the date stated above DATE SIGNED ACTUAL SIGNATURE Musika Harris M.D. Children Many Land 22 feets 38				
PHYSICIAN'S Thurston Harr 220. BURIAL (Specify) BUT141 6/30/58	22c. NAME OF CEMETERY C		22d LOCATION (City, town, or coun	nty) (Stote)
BUTIAL 6/30/58 23. FUNERAL DIRECTOR'S SIGNATURE	Spring Hill ADDRESS Easton	240. REC'E	Easton Maryle By REGISTRAR 246 REGISTRAR'S	s SIGNATURE

	MARTIAND STATE DEPARTMEN
TOP DEATH	TETT CERTIFICAT
	Company Co. 1. P. C.
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	ciana acelwane appearing mounts
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e. IS RESIDENCE ON A FARM? YES NO

Year

Hours

Days

INTERNAL BITWE PERFORMED? NO [(County) (State) Inquiry . and in my DATE SIGNED 22d. LOCATION (City lown, or county) 240. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

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23. FUNERAL DIBECTOR'S SIGNATURE

包括2000元年125日第二十年18月8日日本海洋出版的金融的2000年12月

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTI	CIC.	ATE	OF	DEA	171
T. F. K. I.					

Reg. Dist. No. 07272

7071 Reg. Dist. No. U # A # A				
1. PLACE OF DEATH O. COUNTY TO 16 4	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE b. COUNTY b. COUNTY	sidence before admission)	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN of outside corporate limits, write RURAL	and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	Hospital	d/STREET ADDRESS/	IS RESIDENCE ON A FARM? YES NO	
3. NAME OF First PECEASED (Type or print)	Middle	Perkins 4. DATE Month OF DEATH JUNE	Doy Yeor 27 1958	
M W WIDOWE	DIVORCED	April 6, 1879 lost birthday) Mon		
100. USUAL OCCUPATION (Give kind of work dane) 10b. during most of working life, even if retired) 13. FATHER'S NAME	KIND OF BUSINESS OK INDU	New Ham pshire	C. CITIZEN OF WHAT COUNTRY?	
Nathaniel 1	SOCIAL SECURITY NO. 17. 1	NFORMANT Clara Perkins	- Same	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (a), stating the under: lying cause lost.	ne for (a), (b), and (c),	vous leubemia	INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	I PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF INJURY Month, Day, Year 20d. In Hour a.m. White	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or tawn) ctary, street, affice bldg., etc.)	(Caunty) (State)	
21. I certify that attended the decease alive on	and that death	10	on the date stated above. DATE SIGNED ST 28 June 19	
220. BURBAL CREMATION. 22b. DATE THEREOF REMOVAL (Specific) 2019 1958	Loudon &	ECREMATORY 22d. LOCATION (City, lawn, or cau	Ind.	
23. FUNERAL DIRECTOR'S SIGNATURE	LOW of mich	DATE JUL 1 158 CLL	SSIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFIC	ATE	OE	DEA	1

Pag Die No 07273

1									Reg. Dist.	No.	- 10 0 6
	LACE OF DEATH COUNTY	Talbot	75	MARYLAN		Maryla		lived. If institution b. COUNTY	Residence Talbo		ision)
b	CITY OR TOWN (RURAL and give n Eastor	If outside corporate limeorest town)	its, write	c. LENGTH OF STAY IN 1		R TOWN (If o	utside corpor	ote limits, write RU	JRAL and give	nearest tow	n)
d	OR INSTITUTION	TAL (If not in hospitol,	give street o	oddress)		ADDRESS dlewil	d Aven	ıue		ON	SIDENCE A FARM?
D	IAME OF ECEASED Type or print)	LULA	SAN	Middle GER SNIVE		Lost	4. DATE OF DEATH	June 6		Day	Yeor 19 58
5. SE	Female	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIED		RTH . 4, 18		9. AGE (In years lost birthdoy) 79 yrs.	Months Do	EAR IF UND	ER 24 HRS.
10a.	USUAL OCCUPATION during most of wor Housewif	king life, even if retired	done 10b. 1	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH		or foreign co	untry)		S.	T COUNTRY
13. F	ATHER'S NAME				14. MOTHER	R'S MAIDEN N	AME				
	Henry	E. Sange	r		F	Betty	Pobs	t			
15. V 1Yes,	WAS DECEASED EVI	ER IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO. 17	Mrs.	esse F	ike	Addr Eas	ton, M	d.	
	Conditions, if a gove rise to it couse (o), stoting lying couse lost.	the under-)))	Cerebral 44	how bon	erose,				ONSET ANI	67
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	iseen	1	fellowsi.				EN IN PART 1	PERF	AUTOPSY ORMED?
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCCU	RRED. (Enter noture	of injury in P	ort I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Ye	20d. IN While of work	_ Not while _	PLACE OF INJURY factory, street, off			or town)	(Cou	nty)	(Stote)
	21. I certify the alive an	Taurstan	, 12 <u>5</u>	aninum	oth occurred o	st	ADDRESS (Str	the causes a		date stat	
220.	NAME (Type)	Dr. Thurs	OF	22c. NAME OF CEMETER Fairview C			22d. LOCAT	ion, Md. ION (City, town, ordova, Md	r county)	(Sto	fe)
	UNERAL DIRECTOR			ADDRESS Easton,		240. REC'0	BY REGISTI	RAR 24b. REGIS	TRAR'S SIGN	ATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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,	7276	CERTIFICA	TE OF DEAT		Reg. Dist.	No.
1.	PLACE OF DEATH o. COUNTY TALBOT	MARYLAND	2. USUAL RESIDENCE (W		institutions Residence	before admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) EASTON 1	days	c. CITY OR TOWN (IF	outside corporate limits.	, write RURAL and give	nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTON MEMO)	rial Hosp.	d. STREET ADDRESS	1		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) PRICE	Middle /	TURNER	4. DATE OF DEATH	Month June	Doy Yeor 19 58
	SEX ALC OCOLOR OR RACE 7. MARRIED TO N WIDOWED	DIVORCED 🔲	June 14 1	875 82"	yrs,	ys Hours Min.
	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of Garking life, even if retired)	BUSINESS OR INDUS	Marry	and	12. CITIZE	S. A.
	FATHER'S NAME Joseph TURNER	2	14. MOTHER'S MAKEN	ie Cons	relly.	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	SECURITY NO.	RA TURNER	-wife -	- Same	
	18. CAUSE OF DEATH [Enter only one couse per line for (o). PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	(b). ond (c).]	pyelon	Montis		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	monn	jury	ing be	adder -	months
7	tying cause last. DUE TO (c)		- (
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU					PERFORMED? YES NO
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		. (Enter nature of injury in		18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OF While Not of work 0 to	whilefoc	CE OF INJURY (Home, for lory, street, office bldg., et	n, 20f. (City or town)	(Cou	nty) (State)
	21. I certify that I attended the deceased from alive an		accurred at	7		t saw the deceased
	ACTUAL SIGNATURE 12- Sylomon	Mulholy	Junis	ADDRESS (Street, city of		DATE SIGNET
	PHYSICIAN'S R. D. Salam	on to	ethologis	1)		
22	REMOVAL (Specify)	ME OF CEMERRY OF	crematory/	22d. LOCATION (City		(Stote)
23	FUNERAL DIRECTOR'S SIGNATURE ADI	DRESS	24a. REC		b. REGISTRAR'S SIGN	

geral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 Ithe haspital ar attending physician.

R: After this certificate has been signed by the attending physician and campletely filled in by the affached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, crematian, or remaval, and in ony event within 72 haurs after death: may be retained by TO FUNERAL DIRE page 3 should be the registrar priar V\$ A15 (4) 15M 9/S5

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VS A1S (4) 15M 9/55

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	4	CERT	IFICATI	OF DEATH		Reg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY	16 ot	MAR		USUAL RESIDENCE (WHO STATE	nere deceased live	d. If institution: Resi b. COUNTY	idence before ad	mission)
b. CITY OR TOWN (If RURAL and give nea	rest tawn)	LIFE	· 11 16	EASTON		imits, write RURAL a	nd give nearest	town)
	L (If not in haspitol, giv	e street oddress)	1	d. STREET ADDRESS			0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Willes	Middle	9 1 3	sner.	4. DATE OF DEATH	Month (2)	Doy 23	Year 19-58
s. sex	0	MARRIED NEVER MARR		ATE OF BIRTH	9. A	GE (In years st birthday) Montl Yes.	DER I YEAR IF U	
10a. USUAL OCCUPATION during most of working	ng life, even if retired)	10b. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stole	or foreign country	12.	CITIZEN OF W	HAT COUNTRY?
7 row	& Cuf	+		Lennie	ALLA.	Warm	la.	
1S. WAS DECEASED EVER (Yes, no or unknown) (If	IN U. S. ARMED FORCE	16. SOCIAL SECURITY NO	0. 17. INFO	ortrel	Rober	to, Dans	the Bu	und n
PART I. DEATI 592 X	H WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO	per line for (a), (b), and (c)	nie	Nefst	with		INTERVA	L BETWEEN
Canditians, if an gove rise to im cause (o), stoling the lying cause lost.	mediate DUE TO (c)_	ITIONS CONTRIBUTING TO DI	EATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN	PART 1(o) 19. W	AS AUTOPSY
SZ Z							PE	RFORMED?
	CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY	OCCURRED. (E	nter noture at injury in	rant for rant is a	r irem ro.,		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. INJURY OCCURRED While Not while at work of work	20e. PLACE foctory	OF INJURY (Home, form , street, office bldg., etc	n, 20f. (City or to	own)	(County)	(Stote)
21. I certify the alive on	to 1 attended the a	- 1	t death oc	., 1964, to curred at 3	M, fram th	e causes and a city or town, stote)		
PHYSICIAN'S NAME (Type)	4, 22 DATE THEREOF	22c. NAME OF CE	METERY OR CI	EMATORY	22d. LOCATION	(City, town, or coun		Stote)
REMOVAL (Specify) 23. FUNERAL DIRECTOR'S	6/261	158 new	Cha	xil	D BY REGISTRAR	Con B	+ 3, 1 S SIGNATURE	nd.
Dames .	Blask	Lell Bosto	m . h	DATE JU	. 4 150	aute	such	

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MARYLAND STATE DEPARTMENT OF HEALTH-PAITIMORE, 18

CERTIFICATE OF DEATH

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			7278	CERTIFICA	TIE OI DEAT
l director, filed with			PLACE OF DEATH D. COUNTY ALBOT	MARYLAND	2. USUAL RESIDENCE (W. g. STATE
cheral director.			C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	STH OF STAY IN 16	c. CITY OR TOWN (III
2.4	80	1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	7	d. STREET ADDRESS
lled in b			NAME OF DECEASED Type or print) First	Middle	Williams
etely filled b. Poges 1		5.		DIVORCED	B. DATE OF BIRTH
d comp poper lepth.		100	dying most of working life, every if retired)	BUSINESS OR INDU	H m
ion and corban position after dep		13.	FATHER'S NAME	4 Inconcess	14. MOTHER'S MAIDEN
the attending physician ond completely filled in Then please remove corbon papers. Pages 1 and went within 72 hours after death.			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S. 190 of unknown) (II yes, give wor or days of service)	SECURITY NO. 17. I	NFORMANT MAN
Itending please within 7		-	18. CAUSE OF DEATH [Enter only one cause per line for (a) PART I, DEATH WAS CAUSED BY:	(b), and (c).]	P. P
40			420.0 IMMEDIATE CAUSE (a) DUE TO	1 11.	1. D
gned perm in an			Canditions, if any, which gove rise to immediate cause (o), stoting the <u>under-</u>	Peral	on find
ng physicion. le hos been si buriol-transit removal, ond	0	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT	NOT RELATED TO THE TERM
ending phys ficate hos b the buriol-tr or removal		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter nature of injury in
sital or ottending r this certificate for use as the bu cremotion, or re		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O Haur a. m.	t while fo	ACE OF INJURY (Home, far clary, street, affice bldg., el
		2	p. m. 19 al work at 1. 21. I certify that I attended the deceased from	m 6 - 2	19.58 , to
R: After After Stacked to buriol,			alive an D J J J J J J J J J J J J J J J J J J	, and that death	occurred at 2 7
RAL DIRE should be	1		PHYSICIAN'S HOUSE	TRADA	M.D. Lay
P. S.		220	REMOVAL (Specify)	AME OF CEMETERY O	R CREMATORY CEMETERY
5 0 0 =		23.	FUNERAL DIRECTOR'S SIGNATURE	ODRESS /	240. REC
VS A15 (4) 15M 9/55	Ka	1	of tramptom & son, reder	alaburg, M	DATE .

7278	CERTIFICA	AIE OF DEATH		Reg. Dist.	No.
CE OF DEATH OUNTY. TALBOT	MARYLAND	2. USUAL RESIDENCE (Who		institution: Residence DUNTY Caro	before admission)
URAL and give nearest town) EASTON	days	c. CITY OR TOWN (If au	levals bur	write RURAL and give	x-2
NAME OF HOSPITAL (If not in haspital, give street address) R INSTITUTION EASTON	('	d. STREET ADDRESS	CENTRAL	AVENUE	o. IS RESIDENCE ON A FARM? YES NO 1
ME OF EASED Lear print) Tago	Middle	Williams.	4. DATE OF DEATH	Month	Doy Yeor 7 1958
le white WIDOWED [DIVORCED [12-22-18	87 9, AGE (In lost birth	hday) Months Do	YEAR IF UNDER 24 HRS. Days Hours Min.
SUAL OCCUPATION (Give kind of work done 10b. KIND OF ring most of working life, every if retired)	A Mercha	ent Mary	land.	12. CITIZE	S A
George Williams		14. MOTHER'S MAIDEN NA	al Nos	ble	
or unknown) (It yes, give wor or days of service)	goren	Ms Made	lene a	Address	Jarele
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(b), and (c).]	Pulmma	my Em	lakes	ONSET AND DEATH
anditions, if any, which ove rise to immediate puse (o), stoling the under-ting cause last.	Lynda Cerando	while in	farte	ni zen o	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	ON GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO N
D. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO R CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter nature of injury in Po	art I ar Part II of item	18.)	
	CCURRED 20e. PL	ACE OF INJURY (Home, farm, clary, street, affice bldg., etc.)	20f. (City or tawn)	(Cou	rnty) (State)
I certify that I attended the deceased from	$_{\rm n}$ $_{\rm G}$ $-$ 2, and that death	occurred of 2 44			st saw the deceased
TUAL STATUTE S	m PP		DDRESS (Street, city as	r lawn, stole)	DATE SIGNED
ME (Type) Henry 1947	RAPA	1814 ester	elsbur	9 N	rd.
MOVAL (Specify) JUNE to, 1958 HI		CEMETERY	FEDERAL:	flawn, ar county) SBURG, M	ARYLAND
1 0 6 // 1 / 0	claburg, h	ary face DATE WIL	BY REGISTRAR 246	REGISTRAR'S SIGN	ATURE
		0.0	1	with each	ch

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	and the second s

MARYLAND

c. LENGTH OF STAY IN 16

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

director. filed filled in puo ó DIR. should

Page

1. PLACE OF DEATH

b. CITY OR TOWN (If autside corporate limits, write

RURAL and give nearest tawn)

a. COUNTY

10

d. NAME OF HOSPITAL (If not in hospital, d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO NAME OF 4. DATE Middle Month Year DECEASED DEATH (Type or print) 195 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX Months Days Hours WIDOWED [] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ~ On ore JCKIN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUF TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that I attended the deceased from.__ ,____, 19___,that I last saw the deceosed olive an_ ____, and that death occurred at J _M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR-CREMATORY (Stote) OREMOVAL (Specify) 12U8 011 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 246. REC'D BY REGISTRAS DATE

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	70	020	CERT	IFIC	ATE OF D	EATH			Reg. Dist.		000
1. PLACE OF DEATH a. COUNTY	ot	-0-0	MAR	YLAND	2. USUAL RESIG	PACE (Whe	ere deceased	lived. If instituti b. COUNTY	ani Residence	before adm	ilssion)
b. CITY OR TOWN (If a RURAL ond give near	rest tawn)	ls, write	c. LENGTH OF STAY	מל	c. CITY OR 1	Eas"	ton	ite limits, write R	URAL and giv	re nearest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION		osp	oddress)		d. STREET A		Fraha	m, ST		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Ma	ru	Middle	•	Wilson	7	4. DATE OF DEATH	JUN	ilh e	25 25	Year 1958
5. SEX Female	6. COLOR OR RACE	7 MARR WIDOWE	DIVORCE	_	Feb. 1	1, 1911	21 "	AGE (In years last birthday) 45 yrs.	Months D	YEAR IF UN	
10a. USUAL OCCUPATION during most of workin	(Give kind of wark of glife, even if retired)	tane 10b.	rknown	OR INDU	STRY 11. 8IRTHPL	ACE (State of	ir foreign cou	intry)	12. CITIZ	EN OF WH	AT COUNTRY?
13. FATHER'S NAME	Martin	H. W	lilson		14. MOTHER'S	MAIDEN N	AME	- Hag	elto	5	
15. WAS DECEASED EVER (Yes, no or unknown) (If	IN U. S. ARMED FOR yes, give wor or doles of so		social security no	0. 17.	INFORMANT	· S-3	Ter"	Marte	n H. M	ilsen	fathe
PART I. DEATH PART I. DEATH Canditions, if any gove rise to imm cause (a), stating th fying cause last.	MAS CAUSED BY: MMEDIATE CAUSE (a DUE TO , which mediate DUE TO	C	le for (a), (b), and (c) lecuvely references	ng ng	2 7	cer	tal orf	tie	Ĺ	INTERVAL ONSET AN	SETWEEN ID DEATH
PART II. OTHER	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	UNDERLYING []] CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY (OCCURRE	D. (Enter nature o	f injury in P	art I or Part I	Il of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	While	Nat while at wark	20e. Pi	ACE OF INJURY (Hame, farm, bldg., etc.	20f. (City o	or tawn)	(Co	unty)	(State)
21. I certify the alive an	ELLAS E-C-H	m ! 5	A CONTRACTOR OF THE PARTY OF TH	14	M.D. 249	25/0	2M, from ADDRESS (Street		and an the	dote sto	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGN	NATURE	
Jame .	13/10	cofe	ell			DATE THE	Lan '58	1 (122	Lesur	ch	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the hospital or attending physician and campletely filled in by I here of director, and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stand be filed-with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

OF DEATH	CERTIFICATE
	To the second se
	A STATE OF THE STATE OF T